## **APPLICATION FOR EMPLOYMENT**

An Equal Opportunity Employer

CS - 14 REV. 09-03

THIS	S SECTION IS TO I	BE FIL	LED IN B	Y APPOINTING	AGENO	CY		
Class Title and Number								
If the applicant possesses the license or certificate requ	uired by the class specificati	on, indicat	e below					
Type of License	License No	umber			Date issued			
PRE-EMPL	OYMENT INFORMA	ATION	- TO BE	FILLED OUT B	Y APPLIC	CANT	<u> </u>	
I. Print Name (as you wish it to appear on payroll check and official records)						2. Telephone Number		
3. Print Actual Address (Street and Number, City, State, and Zip Code)  4. Mailing Address (if different and Number)					erent)			
		EDU	CATION					
ELEMENTARY AND SECONDARY	SCHOOL							
Highest school grade completed 1 2 3 4 5 6 7 8 9 10 11 12						Type of High School Course		
Name and address of elementary or secondary school last attended  Did you graduate?  Yes  No								
COLLEGE, BUSINESS SCHOOL, TR	RADE SCHOOL, AI	ND OT	HER EDL	ICATION				
Name of School	Major and / or Course of Study	/ or		ttended To	-	of Diploma or ree Earned	If No Degree, # of Credits	
<ol> <li>Have you ever been convicted for any of merits.) In space below give date. location NOTE: In some instances, a plea of 'nolo con Refer to RI General Law 12-18-3</li> </ol>	on. Indicate felony o	or misd	emeanor.	Lack of explana	ent. Each ation is a	case is conside basis for reject	ered on its individual tion.	
6. Have you ever worked for the State before		7. Have you ever been dismissed from any position? If answer is yes, give details on an attached sheet.						
8. Describe below all the positions you have this job. Include all previous employment with	held in the past ten ye	ars. In					nk may qualify you for	
Name of Employer	Type of Business		<u> </u>	Lowest Weekly Salary			From (Date)	
Address of Employer	Title of position		Highest Weekly Salary		То	To (Date)		
Duties:				l		1		

	Pre-employment i	information (	continued)				
Name of Employer	Type of Business		Lowest Weekly Sa	lary	From (Date)	Date)	
Address of Employer	Title of Position		Highest Weekly Salary		To (Date)		
Duties:							
Name of Employer	Type of Business		Lowest Weekly Salary		From (Date)		
Address of Employer	Title of position		Highest Weekly Salary		To (Date)		
Duties:							
Name of Employer	Type of Business		Lowest Weekly Salary		From (Date)		
Address of Employer	Title of position		Highest Weekly Salary		To (Date)		
Duties:							
	·						
I certify that there are no willful misrepresen disclose such misrepresentations and falsifications	THIS AFFIRMATIO tations and falsifications of th , my application may be reject	e above stateme	nts and answers to que	estions. I unders may be termina	tand that should a	n investigation	
DATE			SIGNATURE				
ST	OP! Do not wi	rite in the	spaces bel	ow!			
IF CANDIDATE IS HIRED, ALL POST-EMPLOYMENT Approved by Appointing Authority DA INFORMATION BELOW MUST BE COMPLETED.							
Your Social Security Number	Title of	Appointing	Authority				
Since what date have you resided continuously in Rhode Island?			11. Date of Birth		12 Age	)	
3. Sex Male Female 14. Marital status	married divorced single separated	widowed	1 5. Spouse's Name		16. Spouse's	s Date of Birth	
7 Spouse's Social Security # 18. YOUR m	veteran? YES ert Storm NO	19A. Are yo	u a war veteran)	YES NO			
20 Are you a United States citizen? YES NO	require an complete ) portunity	the dates	entify the War / Co	onflict and apply below:			
	Office)			198. Are you	Conflict a disabled vetera	Service Dates n? YES	
Date	SIGNATUI	RE	<del></del>	(RIGL 3	86-4-19)	NO	